DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/31/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01,02		01 , 02	(X3) DATE SURVEY COMPLETED	
		155510	B. WIN	3		12	21/2012
NAME OF PROVIDER OR SUPPLIER CENTURY VILLA HEALTH CARE				705 N	FADDRESS, CITY, STATE, ZIP CODE N MERIDIAN ST SENTOWN, IN 46936		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS	;	{K 0	00}			
	INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 10/25/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 12/21/12 Facility Number: 000549 Provider Number: 155510 AIM Number: 100267470 Surveyor: Phillip Komsiski, Life Safety Code Specialist At this PSR survey, Century Villa Health Care was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) and 410 IAC 16.2. The original building consisting of everything except the 100 hall and the attached workshop was surveyed with Chapter 19 Existing Health Care Occupancies. This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and hard wired smoke detectors in all resident rooms. The facility has a capacity of 84 and had a census of 70 at the time						
	of this visit. All areas where the re	esidents have customary red and all areas providing					
ABORATORY	 	SUPPLIER REPRESENTATIVE'S SIGNATURE	<u> </u>		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/31/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		155510		01 , 02	40	R	
	ROVIDER OR SUPPLIER	100010	705	T ADDRESS, CITY, STATE, ZIP COL N MERIDIAN ST EENTOWN, IN 46936	•	/21/2012	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE ITHE APPROPRIATE	(X5) COMPLETION DATE	
{K 000}	Continued From pag facility services were Quality Review by Lo		{K 000}				
{K 000}	Specialist-Medical Surveyor on 12/28/12. INITIAL COMMENTS		{K 000}				
	Code Recertification conducted on 10/25/ Indiana State Depart accordance with 42 Survey Date: 12/21/ Facility Number: 10026 Provider Number: 1 AIM Number: 10026 Surveyor: Phillip Ko Specialist At this PSR survey, was found in complia	CFR 483.70(a). 112 1549 155510 167470 1787 1798 1799 1					
	Participation in Medi Subpart 483.70(a), L 2000 edition of the N Association) 101, LS 410 IAC 16.2. The 1 workshop were surve Health Care Occupa This one story facility Type V (111) constru sprinklered. The fact with smoke detection open to the corridors detectors in all reside	care/Medicaid, 42 CFR Life Safety from Fire, and the IFPA (National Fire Protection C (Life Safety Code), and 100 hall and the attached eyed with Chapter 18, New ncies.					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/31/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING 01, 02		01,02	R		
		155510	B. WING			12/2	1/2012	
NAME OF PROVIDER OR SUPPLIER CENTURY VILLA HEALTH CARE				70	EET ADDRESS, CITY, STATE, ZIP CODE 05 N MERIDIAN ST GREENTOWN, IN 46936			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTIVE		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ION SHOULD BE COMPLETION DATE		
{K 000}	access were sprinkler facility services were	esidents have customary red and all areas providing sprinklered. x Brashear, Life Safety Code	{K (000}	DEFICIENCY)			